

**APPLICATION FOR TAX REBATE UNDER THE CITY OF WICHITA
NEIGHBORHOOD REVITALIZATION PROGRAM**

7-1-04

(Please Print or Type)

PART 1

OWNER'S NAME _____ DAYTIME PHONE NO. _____

OWNER'S MAILING ADDRESS _____ ZIP CODE _____

PROPERTY ADDRESS _____ ZIP CODE _____

SCHOOL DIST. NO. _____

PARCEL IDENTIFICATION NUMBER _____

(Take Parcel ID number and legal description from your tax statement or call the County Clerk's Office)

LEGAL DESCRIPTION _____

(Use additional sheets if necessary)

PROPERTY USE (Check two) ☐ Residential ☐ Non-Residential
 ☐ Rental ☐ Owner-Occupied

IS PROPERTY LISTED ON HISTORICAL REGISTER OR IN A HISTORIC DISTRICT? ☐ No ☐ Yes If Yes, Attach Proof

PROPOSED IMPROVEMENTS

(BE SPECIFIC AND USE ADDITIONAL SHEETS IF NECESSARY)

IMPROVEMENTS

BUILDING PERMIT VALUE

_____ \$ _____
_____ \$ _____

TOTAL BUILDING PERMIT VALUE \$ _____

PROJECTED DATE OF COMPLETION _____ ☐ Actual ☐ Estimated

LIST BUILDINGS TO BE DEMOLISHED _____

IF DEMOLISHING A RESIDENTIAL STRUCTURE, COMPLETE THE FOLLOWING: NUMBER OF DWELLING UNITS _____ (LIST TENANTS OCCUPYING THE BUILDING WHEN PURCHASED, IF KNOWN OR PRESENT TENANTS)

TENANT

DATE OF OCCUPANCY

CONSTRUCTION TO BEGIN ON

BUILDING
PERMIT NO.

WRECKING PERMIT NO./BUILDING PERMIT NO. (ATTACH COPY)

(APPLICANT'S SIGNATURE)

FOR FINANCE DEPARTMENT USE ONLY

_____ 200 _____ The assessed valuation is:

Land	\$	_____
Improvements	\$	_____
Total	\$	_____

_____ 200 _____ The property taxes are:

☐ CURRENT ☐ NON CURRENT

Based upon the above listed improvements and associated costs supplied by the applicant, the improvements

☐ MAY ☐ MAY NOT meet the percentage tests for a tax rebate.

By _____ Date _____

PART 2

STATUS OF CONSTRUCTION COMPLETION

As of _____ 200 _____ the construction improvement is complete.

BY _____ DATE _____

FOR COUNTY APPRAISER'S USE ONLY

THE ABOVE IMPROVEMENTS ASSESSED VALUE IS:

	PRIOR TO IMPROVEMENT	AFTER IMPROVEMENT	AMOUNT SUBJECT TO REBATE
Land	\$ _____	\$ _____	\$ _____
Improvements	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

By _____ Date _____
(Sedgwick County Appraiser's Office)

FOR COUNTY TREASURER'S OFFICE ONLY

AS OF _____ 2000 _____ TAXES ON THIS PARCEL ARE ☐ ARE NOT ☐ CURRENT.

By _____ Date _____
(Sedgwick County Treasurer's Office)

FOR CITY FINANCE DEPARTMENT USE ONLY

THE ABOVE APPLICANT ☐ IS ☐ IS NOT IN CONFORMANCE WITH THE REQUIREMENTS OF THE CITY OF WICHITA NEIGHBORHOOD REVITALIZATION PROGRAM.

REASON APPLICANT IS NOT IN CONFORMANCE _____

Finance Department By _____ Date _____ 2000 _____